

WORKING WITH SPECIFIC FAMILY MEMBERS

PARTNERS: Relationship problems are usually present and high levels of dissatisfaction are not uncommon. Over time, couples unconsciously develop patterns that enable the client to continue their addiction without negative consequence. A destructive cycle develops, involving relationship stressors (particularly poor communication and limited problem solving skills), and alcohol and drug use.

The practitioner commences the process of identifying the existing issues and sets up a treatment plan with the client and their partner that addresses the alcohol and drug use and the associated problems (**See our main site for examples of Couples Sessions**).

There is usually an expectation that “things will get better” now that counselling has started. New communication patterns, redeveloping intimacy (including sexual intimacy) and new goals, can prove unexpectedly challenging and require input from the practitioner. Explaining why the challenges are occurring, and allowing couples to express their views and experiences will facilitate both decision-making and growth.

Regularly review the involvement of other services, such as Relationship Services or Family Violence Intervention Services to address wider relationship issues.

CHILDREN:

The practitioner may not feel confident including children in family work. Ethical considerations or service policies may preclude such work, as might the perception that children are doing well. Yet children often undertake significant roles in caring for other family members and maintaining family resilience. These roles can create risk as well as the development of resilient factors in children.

Family Inclusive Practice supports the view that children have specific needs and also have the right to be protected, to be provided with services and to participate where appropriate.

Children are often not included in treatment, or they receive treatment that occurs in isolation through other agencies or specialised services, where the problem can remain located with the child (Gledhill, 2002).

As well as the many skills and resources they may develop, children that live in families with problematic alcohol and drug use are more likely to have increased emotional, psychosocial and behavioural problems. Alcohol and drug use in the family can have major effects on children and the increased risks on children are various (Fals-Stewart et al. 2004; Gledhill 1999; Lindstein 1996; Odyssey Institute of Studies, 2004).

These risks include:

- Low self-esteem

- Pre-disposition to substance abuse
- Mental and physical health problems
- Experience of neglect and abuse
- Impaired academic performance
- Relationship problems
- Behavioural difficulties
- Criminal behaviour

Odyssey Institute of Studies (2004) found that many drug or alcohol affected parents were:

- More irritable and intolerant towards their children.
- Lacking quality interaction with their children.
- Inconsistent or lacking in parenting routines during periods of active drug use or withdrawal.
- Preoccupied and unable to be present for their children.

Assessment of the family may uncover concerns about the child's safety. Should this occur, care and protection issues are paramount.

Where care and protection concerns arise, referral to **Child, Youth and Family Services (CYFS)** is essential. Depending on the circumstances, this may or may not involve the consent of the parents.

Children may appear to be, or are reported to be doing well at home and school, but this may mask the fact that children are experiencing stress and developing patterns of behaviour that may be adversely affecting their optimum development. Claudia Black (1982) developed useful metaphors in describing some of these patterns of behaviour such as:

- An overdeveloped sense of responsibility
- Use of humour to mask feelings
- Withdrawal as a coping mechanism
- Perfectionism

An effective means of addressing these issues lies in group-based programmes for children e.g. 21 Fun Street, (Gledhill, 1999), or Alateen.

- <http://www.familyworks.org.nz/>
- <http://www.al-anon.org.nz/>

If these programmes are not able to be provided locally, meet with the children and:

- Educate them about the features of addiction and treatment processes.
- Create opportunities for them to access other activities where they may develop further skills and support.
- Without disregarding any risk to children, focus and build on any resilient factors that are reported. For example, a child doing well at school, strong connections with an extended family member, sporting achievements, talents and interests.

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